

Division of Public Health

Agreement Addendum

FY 16–17

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Local Health Department Legal Name

536 – HIV/STD Services

Activity Number and Description

06/01/2016 – 05/31/2017

Service Period

07/01/2016 – 06/30/2017

Payment Period

Epidemiology / Communicable Disease Branch

DPH Section/Branch Name

Vivian Mears 252-341-3487

vivian.mears@dhhs.nc.gov

DPH Program Contact

(name, telephone number with area code, and email)

DPH Program Signature

Date

(only required for a negotiable agreement addendum)

- ☐ Original Agreement Addendum
- ☒ Agreement Addendum Revision # 1 (Please do not put the Budgetary Estimate revision # here.)

I. Background:

No change.

II. Purpose:

In the FY 16-17 Agreement Addendum, the Communicable Disease Branch added a requirement for newly hired medical providers to participate in supplemental STD education and a clinical practicum. However, due to unexpected funding cuts to the partner agency which provides this resource, the online training sessions will not be available for viewing on July 1, 2016. Therefore, this requirement is delayed until other arrangements can be made to provide this opportunity for LHD providers.

III. Scope of Work and Deliverables:

As of July 1, 2016, this Agreement Addendum Revision #1 deletes Paragraph 2 in its entirety.

IV. Performance Measures/Reporting Requirements:

As of July 1, 2016, this Agreement Addendum Revision #1 deletes Performance Measure #2 and Reporting Requirements for Measure #2 in their entirety.

V. Performance Monitoring and Quality Assurance:

No change.

VI. Funding Guidelines or Restrictions:

No change.

Health Director Signature

(use blue ink)

Date

Local Health Department to complete:
(If follow-up information is needed by DPH)

LHD program contact name: _____

Phone number with area code: _____

Email address: _____

Signature on this page signifies you have read and accepted all pages of this document.